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FAX TRANSMISSION**DATE:** October 31, 2006**PTO IDENTIFIER:** Application Number 10/759,841-Conf. #8757

Patent Number

Inventor: Michael W. Graham et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** PATTON BOGGS LLP

Kellie L. Carden

PHONE: (703) 744-7919**Attorney Dkt. #:** 023004.0104N3US**PAGES (Including Cover Sheet):** 24

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Response to Restriction Requirement and Preliminary Amendment (18 pages)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Payment by credit card. Form PTO-2038 is attached (1 page)
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OCT 31 2006

PTO/SB/97 (09-04)

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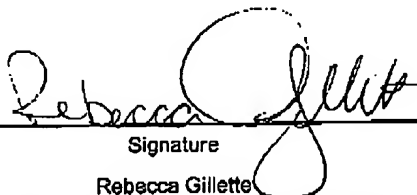
Application No. (If known): 10/759,841

Attorney Docket No.: 023004.0104N3US

Certificate of Transmission under 37 CFR 1.8

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Certificate of Transmission (1 page)
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OCT 31 2006

| | | | | | |
|--|---|---|-----------------------------------|--------------------------------|-----------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 023004.0104N3US | |
| Application No. 10/759,841-Conf. #8757 | Filing Date January 15, 2004 | Examiner B. A. Whiteman | Art Unit 1635 | | |
| Applicant(s): Michael W. Graham et al. | | | | | |
| Invention: SYNTHETIC GENES AND GENETIC CONSTRUCTS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 60 | - 49 = | 11 | x 50.00 | 550.00 |
| Independent Claims | 2 | - 4 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within second month | | | | | 450.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 1,000.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. <u>50-2228</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-2228</u> as described below. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| <u>Kellie L. Carden</u> Kellie L. Carden Attorney/Agent Reg. No.: 52,696 PATTON BOGGS LLP 8484 Westpark Drive, 9th Floor McLean, Virginia 22102 (703) 744-7919 | | | | Dated: <u>October 31, 2006</u> | |

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OCT 31 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
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| | | | |
|---|------|---|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number 10/759,841-Conf. #8757 Filing Date January 15, 2004 First Named Inventor Michael W. Graham Examiner Name B. A. Whiteman Art Unit 1635 Attorney Docket No. 023004.0104N3US | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 1,000.00 | |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): | |
| <input type="checkbox"/> Deposit Account Deposit Account Number: 50-2228 Deposit Account Name: Patton Boggs LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | |
|---|-------------|--------------------------|-------------|--|------------------|--------------------------------------|--|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| Total Claims 60 - 134 = 11 Extra Claims 11 Fee (\$) 50 Fee Paid (\$) 550.00 | | | | | | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims 2 - 8 = 0 Extra Claims 0 Fee (\$) 0 Fee Paid (\$) 0 | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g). | | | | | | | |
| Total Sheets - 100 = | | Extra Sheets / 50 | | Number of each additional 50 or fraction thereof (round up to a whole number) x | | Fee (\$) Fee Paid (\$) | |
| 4. OTHER FEE (\$) | | | | | | | |
| Other (e.g., late filing surcharge): 2252 Extension for response within second month | | | | | | | 450.00 |

| | | | |
|---------------------|------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | Kellie L. Carden | Registration No. (Attorney/Agent) | 52,696 |
| Name (Print/Type) | Kellie L. Carden | Telephone | (703) 744-7919 |
| | | Date | October 31, 2006 |

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